

Card Tokenization Modification Request Form

Date:		
Customer CIF		
Customer Name		
Debit Card No	XXXX – XXXX - XXXX-	(*Please enter only last 4 digits of the debit card number)

I request you to **Delete / Suspend /Resume** (*Please strike off whichever is not applicable)

by above mentioned card tokenized with ______.

Signature:

Date: